03-07-05 And the second OIPRART B - FEE(S) TRANSMITTAL Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE Commissioner for Patents MAR 0 4 2005 P.O. Box 1450 Alexandria, Virginia 22313-1450 or Fax (703) 746-4000 INSTRUCTIONS: This form should be used or transmitting the SSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including he Patent and indicated unless corrected below or directed other appropriate. I, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications. CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address) Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission. 7590 01/25/2005 Attn: Jeffrey A. Proehl Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (703) 746-4000, on the date indicated below. Leonard & Proehl, Prof. L.L.C. Suite 250 3500 S. First Ave. Circle gight Sioux Falls, SD 57105-5807 (Signature (Date) APPLICATION NO. FIRST NAMED INVENTOR FILING DATE ATTORNEY DOCKET NO. CONFIRMATION NO. 02/17/2004 10/780.477 23-0685 1541 Clyde R. Fredrickson TITLE OF INVENTION: AUTOMATIC TRUSS JIG SETTING SYSTEM APPLN. TYPE SMALL ENTITY **ISSUE FEE PUBLICATION FEE** TOTAL FEE(S) DUE DATE DUE YES \$700 nonprovisional \$0 \$700 04/25/2005 EXAMINER ART UNIT CLASS-SUBCLASS WATSON, ROBERT C 3723 269-037000 1. Change of correspondence address or indication of "Fee Address" (37 2. For printing on the patent front page, list CFR 1.363). (1) the names of up to 3 registered patent attorneys Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer 2 registered patent attorneys or agents. If no name is listed, no name will be printed. Number is required. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (B) RESIDENCE: (CITY and STATE OR COUNTRY) (A) NAME OF ASSIGNEE Please check the appropriate assignee category or categories (will not be printed on the patent): \Box Individual \Box Corporation or other private group entity \Box Government 4a. The following fee(s) are enclosed: 4b. Payment of Fec(s): XLIssue Fee A check in the amount of the fee(s) is enclosed.

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